

FORM
A19-1A
(Rev. 12/96)



STATE OF WASHINGTON
INVOICE VOUCHER

AGENCY USE ONLY		
AGENCY NO.	LOCATION CODE	P.R. OR AUTH. NO.

AGENCY NAME

Secretary of State
Elections Division
Post Office Box 40229
Olympia, Washington 98504-0229

VENDOR OR CLAIMANT (Warrant is to be payable to)

INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise or services. Show complete detail for each item.

Vendor's Certificate. I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status.

BY _____
(SIGN IN INK)

(TITLE) (DATE)

FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (For Reporting Personal Services Contract Payments to IRS)	RECEIVED BY	DATE RECEIVED
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EAID GRANT PAYMENT REQUEST

Contract No: G-

Amendment No:

Type of Request:

☐ Reimbursement Payment

Amount:

☐ Final Payment

Amount:

PREPARED BY				TELEPHONE NUMBER ()		DATE		AGENCY APPROVAL				DATE				
DOC DATE		PMT. DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NO.		VENDOR MESSAGE		USE TAX	UBI N UMBER			
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEXPROGRAM INDEX		SUB OBJ	SUB SUB OBJ	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOW N MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NO.
ACCOUNTING APPROVAL FOR PAYMENT											DATE		WARRANT TOTAL		WARRANT NUMBER	